

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

34328

**1. PLACE OF DEATH**

96 County St. Louis  
Township Central  
City Natural Bridge

Registration District No. 189  
Primary Registration District No. 6033 B  
(No. 6828)

File No. ....  
Registered No. 312  
St. .... Ward)

**2. FULL NAME**

Germie Debellis  
(a) Residence, No. 3544 Page Ave St. .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francesco P. Debellis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11-1871</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>7</u>	DAYS <u>14</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) .....
	11. Total time (years) spent in this occupation .....

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bari Italy</u>
	13. NAME <u>Paulo Caricchio</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bari Italy</u>
	15. MAIDEN NAME <u>Cassilio Dipinto</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bari Italy</u>

17. INFORMANT (ADDRESS) <u>Jack Debellis</u> <u>3544 Page Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cadaver</u> DATE <u>Oct 28</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>Anthony M. M. M.</u> <u>1133 W. Washington Bldg.</u>
20. FILED <u>10-26-1933</u> <u>Apella Brey</u> <u>W. S.</u> Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10/25</u> 19 <u>33</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 28th</u> 19 <u>33</u> to <u>Oct. 24th</u> 19 <u>33</u> I last saw her alive on <u>Oct. 24th</u> 19 <u>33</u> . Death is said to have occurred on the date stated above, at <u>10A</u> m. The principal cause of death and related causes of importance were as follows: <u>Terminal cancer uterine origin</u>

Other contributory causes of importance: <u>Generalized metastasis, exploratory laparotomy, at St. Mary's Hospital about 2 mo. ago.</u>
Name of operation .....
What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....
Where did injury occur? .....
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) <u>John B. Timmon</u> M. D. (Address) <u>3718 Jennings Rd.</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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General anasarca , uremia, and uremic coma  
about 2 weeks.